

Amendment Attached

ARIZONA STATE BOARD OF HEALTH

State File No. 189
Registered No. 339

1. PLACE OF BIRTH

County Yavapai State Arizona
Township Payson or Village _____
City Payson No. _____ St. _____ Ward _____

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

If birth occurred in a hospital or institution, give its NAME instead of street and number

2. Full name of child

Black

(If child is not yet named, make supplemental report, as directed)

3. Sex Boy 4. Twin, triplet or other _____ 5. Number, in order of birth 1st
6. Premature _____ 7. Legitimate? yes 8. Date of birth 12-7-1933
(Month, day, year)

9. Full name Lewis Rex Black
FATHER

10. Full name Sorna B. Brown
MOTHER

14. Residence (usual place of abode) Payson
(If nonresident, give place and State)

15. Residence (usual place of abode) Payson
(If nonresident, give place and State)

11. Color or race Wht 12. Age at last birthday 22 (Years)

20. Color or race Wht 21. Age at last birthday 18 (Years)

13. Birthplace (city or place) Ind
(State or country)

22. Birthplace (city or place) Ind
(State or country)

14. Trade, profession or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Solom

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Law

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months or weeks 29. Cause of stillbirth _____
Refers labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) _____ on the date above stated

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) _____ M. D.

Gives name added from supplemental report _____ (Date of) _____

Address _____ Midwife

Filed _____ Registrar

Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. Born one of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated

322-1229-325